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PROFIT
CORPORATION
ANNUAL REPORT
1999

1. Corporation Name

SIGNATURE: X

DOCUMENT # **P06297**

337 WORTH INCORPORATED



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90046 006 ***150.00

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liii.

Principal Place	of Business	Mailing Address							
3333 W COMME 111	RCIAL BLVD	3333 W COMMERCIAL BLVD			}	•			
FORT LAUDERD	ALE FL 33309	FORT LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE				
US		US			ļ	3. Date incorporated or Qualifed			
	·					06/04/1985			
2. Principal Pla	ace of Business	2a. Mailing Address		-		4. FEI Number		Ap	plied For
21		26				52-1411785		No	t Applicable
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.				- Codificate of Status Basisad		\$8.75	Additional
22		27			Į	5. Certifcate of Status Desired		Fee Re	quired
City & State)	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			_	Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Соц	intry		8. This corporation owes the curre	nt year Inta	ngible	{
24	25	29 31	5			Personal Property Tax.		Yes	□No
	9. Name and Address of Current					10. Name and Address of New R	egistered A	gent	
				81	Name				
	ORPORATION SYSTEM			100	Ctract Addron	is (P.O. Box Number is Not Accepta	hle)		
	S. PINE ISLAND ROAD			82	Prioct Monies	is it. O. Dox (dumber is not Accepta	- ,		
PLAN	ITATION FL 33324			83				 -	
								7	
,				84	City		FL	85 Zip	Code
11 Pursuant I	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the a	bove-r	named corpor	ation submits this statement for the	purpose of c	hanging its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	Florida. Such change was autr	ionzec	a by the	e corporation	's board of directors, I hereby accep	t the appoin	tment as re	gisterea
SIGNATURE	·					<u> </u>	DATE		<u>}</u>
<u></u>	Signature, typed or printed name of registered agent a		-	l Agent si	ignature required w			DIRECTO	DO IN 12
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	Change	DRS IN 12 Addition
TITLE	PD	☐ DELETE	1.1 10					Change	
NAME '	FONG, MICHAEL C	- 444	1.2 N		Ì				ł
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CITY-ST-ZIP	ET I ALIDEDOALE EL				1				
U111+31-21F 1	FT. LAUDERDALE FL		1.4 C	ITY-ST-Z	ZIP			F3.01	F7 4 4-80
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- 	D EL-HADDAD, OSAMA	_	_	TLE	ZIP			Change	Addition
TITLE	D	_	2.1 TI 2.2 N	TLE				Change	Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, over an address, with all programment of the corporation of the corporat

MAR 19 1999

(579) 777-2999